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Date: July 22, 2003

Docket No.: 0641-0251P

21908 U.S. PTO
10/623650
07/22/03

MS PATENT APPLICATION
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing is the patent application of

Inventor(s): ELLIOT, Andrew James

For: LUMBAR SUPPORT

Enclosed are:

- A specification consisting of Thirteen (13) pages
- Three (3) sheet(s) formal drawings
- An assignment of the invention
- Applicant claims small entity status under 37 C.F.R. § 1.27
- Applicant does not claim priority
- Applicant claims the right of priority under 35 U.S.C. § 119 based on Application No(s). filed in on .
 - Certified copy(ies) is(are) attached hereto.
 - Certified copy(ies) will follow.



Docket No. 0641-0251P

Amend the specification by inserting before the first line thereof the following:

a. --This nonprovisional application claims priority under 35 U.S.C. § 119(a) on Patent Application No(s). filed in on , which is(are) herein incorporated by reference.--

b. --This nonprovisional application claims priority under 35 U.S.C. § 119(e) on U.S. Provisional Application No(s). filed on , which is(are) herein incorporated by reference.--

Executed Declaration (Original Photocopy)

Application Data Sheet in accordance with 37 C.F.R. § 1.76

Preliminary Amendment

Information Disclosure Statement, PTO-1449 and reference(s)

Other:

Applicant requests early publication - \$300.00 publication fee

Non-publication Request and Certification under 35 U.S.C. § 122(b)(2)(B)(i)

The filing fee has been calculated as shown below:

		LARGE ENTITY		SMALL ENTITY		
BASIC FEE		\$750.00		\$375.00		
	NUMBER FILED	NUMBER EXTRA	RATE	FEE	RATE	FEE
TOTAL CLAIMS	13- 20 =	0	X 18 =	\$0.00	x 9 =	\$0.00
INDEPENDENT CLAIMS	1- 3 =	0	x 84 =	\$0.00	x 42 =	\$0.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS PRESENTED			+ \$280.00		+ \$140.00	
	TOTAL		\$750.00		\$0.00	

- A check in the amount of \$790.00 to cover the filing fee and recording fee (if applicable) is enclosed.
- Please charge Deposit Account No. 02-2448 in the amount of \$0.00. A triplicate copy of this transmittal form is enclosed.
- Please send correspondence to:
BIRCH, STEWART, KOLASCH & BIRCH, LLP **or** Customer No. 02292
P.O. Box 747
Falls Church, VA 22040-0747
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If necessary, the Commissioner is hereby authorized in this, concurrent, and future replies, to charge payment or credit any overpayment to Deposit Account No. 02-2448 for any additional fees required under 37 C.F.R. § 1.16 or under 37 C.F.R. § 1.17; particularly, extension of time fees.

Respectfully submitted,

BIRCH, STEWART, KOLASCH & BIRCH, LLP


By _____
Joseph A. Kolasch, #22,463

JAK/jaf
0641-0251P

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Attachment(s)

(Rev. 07/14/03)